

Figure SC810.F26. Letter to Physician Requesting Duty Status on Long-Term Claimant

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Duty Status Report - John J. Jones, A00-1111111

TO: Amos B. Jackson, M.D.
Street Address
City, State Zip Code

Dear Dr. Jackson:

Our records show Mr. Jones has been off work since 13 March 1993 and under your care for a back injury that occurred on 10 March 1993. We are interested in rehabilitating our employees and would appreciate a work evaluation about what type of work Mr. Jones can do and for how many hours a day.

We support rehabilitation and recognize the benefits to the patient, the family, and the employer. We have found that without rehabilitation, employees on a total disability status become entrenched in a "disability rut" with no motivation or reason to rehabilitate themselves to return to work. In some situations, employees perform more strenuous and physically demanding activities while off work than the light duty we have available.

Through our rehabilitation program, we provide suitable light- or limited-duty assignments for our employees who are partially disabled from on-the-job injuries. We will cooperate with you in providing the light-duty assignments. If Mr. Jones is not able to return to his former position, we can provide light sedentary work for as little as four hours a day.

Often, we find that there is a great deal of misunderstanding between workers' compensation and disability retirement. In case you are not clear on the two programs, a definition of workers' compensation and retirement is enclosed.

Please carefully consider Mr. Jones' disability, and his ability to perform some type of work, either in a part- or full-time capacity. Your evaluation should be based on objective findings of disability rather than subjective complaints. We will accommodate any limitations you impose. If he cannot return to work at this time, please give us a prognosis about when he can probably work in a light-duty capacity.

If you have any questions, please call me at (692) 222-0001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program
Administrator

Encl

1. Definition
2. Form CA-17 w/envelope

cc: OWCP
SGP